

Classification

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100130011-1 PREPARE IN DUPLICATE						CONTROL NO. SD 719.5	
1. TITLE OF REPORT (if a fill-in report include Form No.) Budget						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA <input checked="" type="checkbox"/> PERSONNEL <input checked="" type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input checked="" type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.) Yearly		6. DISTRIBUTION (No. of components not number of copies)			
7. FORMAT (memorandum, form, computer print-out, etc.) Printed Form		8. ADP PROCESSING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.		9. DIRECTIVE AUTHORITY REQUIRING REPORT Annual OPPB Program Call			
10. PREPARING COMPONENT (include lowest level contributing information to report) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) 8 Reports			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS-14	\$9.44	3	=	\$28.32	1	=	\$28.32
GS-10	5.23	3	=	15.69	1	=	15.69
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$44.01	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE <input type="checkbox"/> OTHER (explain)						ESTIMATED SAVINGS MAN-HOURS DOLLARS	
16. DATE OF INVENTORY 22 September 70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION
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FORM 112 9-70		Classification CONFIDENTIAL				(22-36-43)	

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